

LO60000116994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oi Offices LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Georgi Zaczac Jr.
Name of Person

Oi Offices @ Miami Free Zone LLC
Firm/Company

2335 NW 107th Ave, Box#130
Address

Doral FL 33172
City/State and Zip Code

info@oioffices.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kyra Bruning at (786) 621-3600
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Oi Offices LLC

2. (a) Principal office address of limited liability company: _____



(Note: MUST BE STREET ADDRESS)

777 NW 72nd Avenue Suite #3019
Miami FL 33172

(b) Mailing address of limited liability company: _____



(Note: MAY BE POST OFFICE BOX)

777 NW 72nd Avenue Suite 3166
Miami FL 33126

12/07/2006
3. Date of filing/registration in Florida

L06000116994
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Kyra Bruning

Registered Office Address: 777 NW 72nd Avenue Suite 3019
Miami FL 33172

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Oi Offices @ Miami Free Zone, LLC

NEW Registered Office Address: Oi Offices @ Miami Free Zone, LLC
(MUST BE FLORIDA STREET ADDRESS) 2335 NW 107th Ave, Box#130
Doral, FL 33172

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Kyra Bruning
Signature of a member or authorized representative of a member

Kyra Bruning

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Kyra Bruning
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
NOV 16 AM 8:08
TALLAHASSEE FL
SECRETARY OF STATE